



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk Questions and Answers (Q+As) and Quarterly Updates

February 2018

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) was implemented on October 1, 2016. This document is intended to provide guidance on questions that were received by the SNF QRP Help Desk from October to December 2017 (Section 1). This document also contains quarterly updates and events from October through December 2017 (Section 2) and upcoming updates for the next quarter, from January through March 2018 (Section 3). Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.

Section 1:
Help Desk Frequently Asked Questions and Answers

Question	Answer
	Compliance Notifications
We recently received an e-mail from The CORMAC Help Desk Team that states that our facility has not submitted complete data for a QRP quality measure; however, our SNF Observed Performance Rate for that measure on our SNF QM Confidential Feedback Report is over 80%. Can you please clarify this discrepancy?	<p>The e-mail notification that you received from The CORMAC Help Desk Team is an update of the threshold compliance status of the completion of all of the items on the MDS 3.0 that are necessary to calculate the quality measures for the SNF QRP that may affect your facility's Annual Payment Update (APU).</p> <p>Threshold compliance cannot be obtained from CASPER quality measure reports such as the Review and Correct Report or Confidential Feedback/Quality Measure Reports.</p> <p>The SNF QRP Review and Correct reports and Quality Measure reports do not reflect a SNF's compliance with the QRP but rather provide rates of facility performance on each of the three assessment-based SNF QRP Quality Measures for the purposes of quality improvement.</p> <p>This differs from the QRP quality measure report calculations in the CASPER reports in that:</p> <ul style="list-style-type: none">• The QM Reports in CASPER contain a <i>facility's performance</i> on each of the quality measures and are based on <i>SNF stays</i> (Part A PPS 5-day assessment through the Medicare Part A Discharge Assessment).• Compliance threshold calculation for APU is based on the <i>completeness of data</i> needed to calculate the measures and is <i>based on the number of MDS assessments submitted with complete data</i> on each MDS used for the SNF QRP. <p>These two rates are not related and there are unique differences between the QM calculations (based on resident stays) and compliance status for APU thresholds based on the completion of items on a record regardless of whether the stay has been completed. We provide additional information about the unique differences below.</p>

Question**Answer**

SNF Review and Correct and Confidential Feedback Reports (CASPER Reports):

The CASPER reports provide rates of facility performance on each of the three assessment-based SNF QRP Quality Measures: These measures are Application of Percent of Patients or Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674), Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), and Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).

For all measures: “Your SNF’s Performance Rate” refers to the division of the numerator by the denominator, and the rate is derived by including all stay-level records in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all stay-level records included in the denominator for the target period.

“The number of SNF Stays Included in the Denominator” refers to the total number of Medicare Part A Stays during the reporting period. (A Medicare Part A Stay is defined by consecutive time in the facility starting with the Part A PPS 5-day assessment through the Medicare Part A Discharge Assessment.)

“The number of SNF Stays Included in the Numerator” is based on the calculation of each QRP Quality Measure. SNF Quality Measure reports are risk adjusted whereas Review and Correct reports only include observed (unadjusted) rates of performance. For information regarding the stays included in the numerator and denominator for each of the assessment-based quality measures, please refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 1.0 posted on the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QM-Users-Manual-V10-FINAL-5-22-17.pdf>

Question**Answer**

Compliance Threshold Calculation for APU:

The compliance threshold calculation is not based on the final calculation of a quality measure, nor complete stays. Rather it is based on the determination of the completion of the items necessary to calculate the quality measure. The threshold is based on the completion of items on a record regardless of whether the stay has been completed.

For example, if a resident is admitted on December 20, and the SNF has completed all items that are used to calculate the SNF QRP quality measures on the resident's 5-Day PPS assessment, then this record would be among those considered compliant. A provider must have 100% of all the items necessary to calculate the measure on at least 80% of the records submitted that would be used to calculate the quality measures.

To review the item values that may count against the APU and data that are required for the calculation of the SNF QRP Quality Measures you may wish to refer the document [SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2019](#) posted on the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>.

For additional information on how APU thresholds are calculated, please refer to the [SNF QRP Quick Reference Guide – October 2017](#) posted on the SNF Quality Reporting Program Data Submission Deadlines webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html>

Question	Answer
	Reports
Am I still able to correct the 2017 data for our facility's SNF QRP Review and Correct Reports and SNF QRP Quality Measure Reports? What are the data submission deadlines for 2018?	<p>Due to technical coding issues found with the Review and Correct Reports for Quarter 1 and Quarter 2, 2017, CMS has modified the assessment measure data submission deadline dates for quarters one, two, and three of Calendar Year 2017 to coincide with the quarter four Calendar Year 2017 deadline of May 15, 2018. This means that all data for assessment-based measures required in the SNF QRP in CY2017 will remain open to modifications until May 15, 2018.</p> <p>For further information on data submission deadlines affecting the FY2019 and FY 2020 SNF QRP, please refer to the documents titled Skilled Nursing Facility Quality Reporting Program Data Collection & Final Submission Deadlines for the FY 2019 SNF QRP and Skilled Nursing Facility Quality Reporting Program Data Collection & Final Submission Deadlines for the FY 2020 SNF QRP in the downloads section on the SNF QRP webpage at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html.</p>
If there is a trigger ("X") on my facility's SNF QRP Resident-Level Quality Measure Report for the SNF QRP Quality Measure, Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631), would this be considered positive (meaning that Section GG is coded accurately)? Should I only review the residents not triggered (NT)?	For the SNF QRP quality measure (QM), Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631), "X" signifies the QM triggered in the SNF QRP Resident-Level QM Report indicating that the individual resident is counted in the numerator of the measure calculation. This is considered to be a positive because it indicates that the resident had an admission and discharge functional assessment and a care plan that addresses function, and all of the Section GG items required for the calculation of the measure were completed. Reviewing the residents with NT (i.e., Not Triggered) is encouraged for identifying opportunities to improve performance.

Question	Answer
	Quality Measures
<p>Can you please describe why I have different facility-level quality measure scores for the MDS 3.0 Measure: Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) that is on our MDS 3.0 Facility Level Quality Measure Report and the SNF QRP Quality Measure: Percent of Residents or Patients with Pressure Ulcers that Are New or Worsened (Short Stay) (NQF #0678) that is on our assessment-based Confidential Feedback Report?</p>	<p>There are several differences between the MDS 3.0 quality measure for the MDS 3.0 Measure: Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay) (SS NH) and the SNF QRP quality measure. They include:</p> <ul style="list-style-type: none"> • Population measured: The SS NH measure includes the short-stay nursing home population while the SNF QRP measure only includes the SNF (Medicare Part A) population. • Measure unit: The SS NH measure is episode based. The “look-back scan” used to calculate this measure is up to 100 Cumulative days in facility (CDIF). The SNF QRP measure is stay-based and is defined by a Medicare Part A stay. A Medicare Part A Stay includes consecutive time in the facility starting with the Medicare Part A Admission Record (PPS 5-Day assessment with A0310B = [01]) through the Medicare Part A Discharge Record (Part A PPS Discharge Assessment) with A0310H = [1]). If a resident has multiple Medicare Part A Stays during the target 12 months, then all stays are included in this measure. • Measure calculation: The SS NH measure is based on M0800 items, while the SNF measure is calculated using M0300 items. <p>Please refer to Section 11 of the CASPER Reporting User’s Guide for MDS Providers for additional information regarding MDS 3.0 Quality Measure (QM) Reports and to Section 13 of the CASPER Reporting User’s Guide for MDS Providers for additional information regarding the SNF Quality Reporting Program Reports available on the QIES website at https://qtso.cms.gov/.</p>

Question	Answer
<p>Is the readmission measure reported on our facility's SNF QRP Confidential Feedback Reports the same as the readmission measure for the SNF Value Based Purchasing (VBP) Program?</p>	<p>The quality measure adopted for the SNF QRP is different from the readmission measure used in the SNF VBP Program. There are several differences between the measures and each program has different goals or fulfills different requirements.</p> <p><u>SNF Quality Reporting Program (QRP):</u> In the FY 2017 SNF PPS final rule, one of the three claims-based quality measures affecting FY 2018 payment determination and subsequent years that was finalized for adoption into the SNF QRP is the Potentially Preventable 30-Days Post-Discharge Readmission (PPR) Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). The SNFPPR QM assesses a SNF's risk-adjusted rate of unplanned, potentially preventable readmissions within 30 days of SNF discharge and is calculated using Medicare fee-for-service claims. No additional data collection on the part of providers is required.</p> <p>Additional information and measure specifications for the SNFPPR QM may be found on our website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf.</p> <p>For additional information regarding the SNF QRP Confidential Feedback Reports for Claims-Based Measures, containing the claims-based IMPACT Act measures available via the CASPER Reporting System, please refer to the September 28, 2017, presentation posted on the SNF QRP Training website linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFQRP_Claims_Measures_CFR_Sept17_RTI_092817_508C.pdf.</p>

Question	Answer
	<p><u>SNF VBP</u>: The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program offers Medicare incentive payments to SNFs paid under the SNF Prospective Payment System (PPS) based on their performance on specified measures of readmissions. The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) is used in the SNF VBP Program. The SNFRM estimates the risk-standardized rate of unplanned readmissions within 30 days for people with fee-for-service Medicare who were inpatients at PPS, critical access, or psychiatric hospitals for any cause or condition.</p> <p>Additional information on the SNF VBP may be found on our website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html.</p> <p>For additional questions regarding the SNF VBP, please contact the SNF VBP help desk at SNFVBPinquiries@cms.hhs.gov.</p>

Section GG Web-based Training Module Now Available

- The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training module to address questions submitted by providers during trainings between November 2015 and August 2016 related to Section GG across the Skilled Nursing Facility (SNF), Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), and Home Health (HH) care settings. This training is designed to be used on demand anywhere you can access a browser and includes interactive exercises that allow you to test your knowledge in real life scenarios.
 - Specific topics for Skilled Nursing Facilities include:
 - Lesson 1: Significance of Section GG for Post-Acute Care
 - Lesson 2: Assessment and Response Coding Principles
 - Lesson 3: Additional Section GG Response Coding Tips
 - Lesson 4: Coding GG0130 Items for Skilled Nursing Facilities
 - Lesson 5: Coding GG0170 Items for Skilled Nursing Facilities

[Click here to access the training.](https://www.cms.gov/medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/gg-training/) or refer to the CMS Website at: <https://www.cms.gov/medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/gg-training/>

Data Submission Deadlines

CMS has extended the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) deadlines for calendar year (CY) 2017. Minimum Data Set (MDS) assessment data for January-December (Q1-Q4) of CY 2017 are due May 15, 2018. Providers are encouraged to verify their MDS submissions at least quarterly.

We recommend that the applicable CMS CASPER validation reports be run prior to each quarterly reporting deadline to ensure that all required data are submitted. We encourage you to verify all facility information prior to submission, including CCN and facility name. Successful submissions for the Annual Payment Update requirement count on you.

The list of measures required for the May 15, 2018, deadline can be found on the [SNF Quality Reporting Program Data Submission Deadlines](#) webpage.

SNF QRP Full Confidential Feedback Reports

- The SNF QRP Confidential Feedback Reports/Quality Measure Reports containing the assessment and claims-based IMPACT Act measures were made available to providers via the Certification and Survey Provider Enhanced Reports (CASPER) Reporting System in December 2017. Materials from September and December webinar trainings can be found in the download section of the [CMS SNF Quality Program Training webpage](#). These include webinar audio recordings, transcripts, and PowerPoint slides.
 - Assessment-based Quality Measures include:
 - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)
 - Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)
 - Claims-based Quality Measures include:
 - Total Estimated Medicare Spending Per Beneficiary Measure
 - Discharge to Community-Post Acute Care-SNF QRP
 - Potentially Preventable 30-Day Post Discharge Readmission Measure

Disaster Exceptions/Exemptions

Disaster Exceptions/Exemptions for Medicare Certified Providers Affected Northern California Wildfires. Further details and materials are available on the [CMS 2017 California Wildfires](#) webpage and the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding. Additional details and materials are available on the [Hurricane page](#) and the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

- Hurricane Maria
- Hurricane Nate
- Hurricane Irma
- Hurricane Harvey

SNF QRP Resources Available to Providers

A number of important resources are available to providers on the CMS SNF QRP website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-IMPACT-Act-2014.html>.

- The [SNF QRP home](#) page provides an overview of the program.
- The [Spotlights and Announcements](#) page is frequently updated with information about upcoming SNF QRP activities, including program updates and deadlines, trainings, and the posting location of new resources.
- The [Measures and Technical Information](#) page features information about items necessary to calculate the measures, item values that may count against APU, and items used as risk adjustors for measure calculation but not for APU determination.
 - On the [Measures and Technical Information](#) page, the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 1.0 can be found in the “Downloads” section at the bottom of the page.
- The [FAQ](#) page will be updated periodically with documents containing frequently asked questions from the SNF QRP Help Desk and responses to these questions. The most recent FAQs can be found at the following link:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Quarterly-FAQ-Q3-2017.pdf>.
- The [Reconsideration and Exception & Extension](#) page outlines the process for submitting a reconsideration request to CMS if a provider is found noncompliant with SNF QRP requirements for a given fiscal year. The page also includes information about requesting an exception or extension from CMS.
- The [Help](#) page provides contact information for the various Help Desks that are available for SNF providers.
 - Do NOT submit patient-identifiable information (e.g., date of birth, Social Security number, and health insurance claim number) to the SNF Quality Report Program (SNFQualityQuestions@cms.hhs.gov) and SNF QRP Public Reporting (SNFQRPPRQuestions@cms.hhs.gov). Submitting patient-level data or protected health information may be a violation of your facility’s policies and procedures and violation of federal regulations (HIPAA). If you are unsure of whether the information you are submitting is identifiable, please contact your institution’s Privacy Officer.

Section 3: What's Coming Up

What's new for Skilled Nursing Facilities (SNFs)

Data Submission Deadlines

- CMS has extended the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) deadlines for calendar year (CY) 2017. Minimum Data Set (MDS) assessment data for January-December (Q1-Q4) of CY 2017 are due May 15, 2018. Providers are encouraged to verify their MDS submissions on at least a quarterly basis.

We recommend that the applicable CMS CASPER validation reports be run prior to each quarterly reporting deadline to ensure that all required data are submitted. We encourage you to verify all facility information prior to submission, including CCN and facility name. Successful submissions for the Annual Payment Update requirement count on you.

The list of measures required for the May 15, 2018, deadline can be found on the SNF Quality Reporting Program Data Submission Deadlines webpage.

- Please continue to monitor the [SNF Quality Reporting Program Spotlights and Announcements](#) webpage for ongoing up-to-date announcements and information regarding the SNF Quality Reporting Program.